

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: James R. Miller

Application No.: 10/501,639

Group: 3765

371(c) Date: April 13, 2005

Examiner: Tajash D. Patel

Confirmation No.: 2479

For: Forelimb Brace Device

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14	MINUS	* 20	0
INDEP	1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
X \$ 26	\$		X \$52	\$
X \$110	\$		X \$220	\$
+ \$195	\$		+ \$390	\$
TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20  
\*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY		OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed	Rate	Total Amount Owed
X \$135	\$[ ]	X \$270	\$[ ]

Payment Sufficient for up to
[ ] Sheets

**Petition for Extension of Time**

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated March 18, 2009 for one month from June 18, 2009 to July 18, 2009. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input checked="" type="checkbox"/>	Petition for 1 month Extension of Time	\$ 65
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ 65

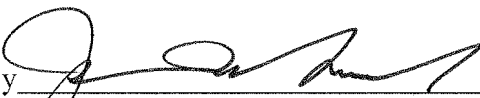
**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ _____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
James M. Smith  
Registration No.: 28,043  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 7/20/9